

ATTACHMENT B – OFFEROR INFORMATION AND CERTIFICATION

OFFEROR INFORMATION AND CERTIFICATION

Proposals must confirm that the Offeror will comply with all provisions in this RFP; and, if applicable, provide notice that the firm qualifies as an Alaskan bidder. Proposals must be signed by a company officer empowered to bind the company. An Offeror's failure to include these items in their proposal may cause their proposal to be determined to be non-responsive and the proposal may be rejected.

This form shall be the cover page for the Offeror's proposal. In the space provided, enter the requested Offeror identification information. Use this form to indicate your acknowledgement of the response conditions.

RFP Number:

RFP 2013-0200-1396

RFP Name:

Medical Claims Administration and Managed Network, Pharmacy Benefit Management Services, Healthcare Management and Dental Claims Administration and Managed Network RFP

Offeror Name:

Metropolitan Life Insurance Company

Mailing Address:

425 Market Street, Suite 970, San Francisco, CA 94105

Telephone Number:

415-957-4115

Fax Number:

415-957-4130

Federal Tax ID #:

13-5581829

**Alaska Business
License Number:**

984510

Contact Name:

Leslie Young

Title:

Account Executive

E-Mail Address:

lyoung2@metlife.com

**Alternate Phone
Number:**

510-928-6361 (Cell)

PROPOSAL CERTIFICATION:

BY SIGNATURE ON THIS PAGE, THE OFFEROR HEREBY CERTIFIES THAT ALL INFORMATION PROVIDED IS TRUE AND SERVES TO BIND THE OFFEROR TO THE PROVISIONS OF THE RFP.


SIGNATURE

11/2/2013
DATE

BRADD M. CHIGNOLI – VICE PRESIDENT
PRINT NAME AND TITLE

OFFEROR'S CERTIFICATION

Acknowledge, under the penalty of perjury, the following Statements, conditions, and information by clearly marking the space provided. Failure to comply with these items may cause the proposal to be determined nonresponsive and the proposal may be rejected or the state may terminate the contract or consider the contractor in default.

#	CONDITION/CERTIFICATION	RESPONSE
1	Offeror certifies that 100% of all services provided under the resulting contract by the Offeror, joint venture partners, and all subcontractors shall be performed in the United States. (RFP 1.05)	<input checked="" type="checkbox"/> YES Subject to additional terms as stated in our deviations document.
2	Offeror has reviewed the RFP for defects and objectionable material and has provided comments to the Procurement Officer. By signature on the cover page, the Offeror waives any rights to file a protest as it relates to the contents of the RFP. (RFP 2.21)	<input checked="" type="checkbox"/> YES
3	Offeror agrees to comply with all of the terms of the RFP and not to restrict the rights of the state. (RFP 1.10)	<input checked="" type="checkbox"/> YES
4	Offeror acknowledges that this engagement with the state is subject to the Alaska Public Records Act, AS Title 40, Chapter 25 and that the state may be required to disclose certain information in response to requests for public information made under the Act. (RFP 1.12)	<input checked="" type="checkbox"/> YES Subject to additional terms as stated in our deviations document.
5	Offeror complies with the laws of the State of Alaska. (RFP 1.14)	<input checked="" type="checkbox"/> YES

6	Offeror complies with the applicable portion of the Federal Civil Rights Act of 1964. (RFP 1.14)	<input checked="" type="checkbox"/> YES
7	Offeror complies with the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government. (RFP 1.14)	<input checked="" type="checkbox"/> YES
8	Offeror complies with the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government. (RFP 1.14)	<input checked="" type="checkbox"/> YES
9	Offeror confirms that programs, services, and activities provided to the general public under the resulting contract conform to the Americans with Disabilities Act of 1990, and the regulations issued thereunder by the federal government. (RFP 1.14)	<input checked="" type="checkbox"/> YES
10	Offeror complies with all terms and conditions set out in this RFP. (RFP 1.14)	<input checked="" type="checkbox"/> YES Subject to additional terms as stated in our deviations document.
11	This Proposal is not made in connection with any competing Offeror submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. The Offeror did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its public posting for comment, and that no employee of the agency or State participated directly or indirectly in the Offeror's proposal preparation. (RFP 1.14)	<input checked="" type="checkbox"/> YES
12	Offeror response and cost schedule shall be valid and binding for 120 days following the response due date. (RFP 1.14)	<input checked="" type="checkbox"/> YES
13	Offeror satisfies the minimum prior requirements (RFP 2.8) Additional confirmation/information requested in questionnaire.	<input checked="" type="checkbox"/> YES
14	Offeror certifies that Offeror has a valid Alaska business license. (RFP 2.12)	<input checked="" type="checkbox"/> YES
15	Offeror agrees to the state's Standard Agreement Form. If the answer is NO, per Section 3.4, any objections to the agreements must be identified in a document attached to the Offeror's proposal. (RFP 3.4)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
16	Offeror understands and agrees to comply with all statutes, regulations, and policies regarding nondisclosure and confidentiality. (RFP 3.14)	<input checked="" type="checkbox"/> YES

CONFLICT OF INTEREST STATEMENT (MARK ONE)

One of the boxes below must be checked (by marking an “X”). If the second box is marked, indicating a possible conflict of interest, disclose the nature and full details of the conflict in the space provided. Please refer to RFP 1.16 for conflict of interest guidelines.

X Subject to additional terms as stated in our deviations document.	Neither the firm nor any individual proposed (including subcontractors or joint venture partners) has a possible conflict of interest. (RFP 1.15)
	The firm and/or an individual proposed have a possible conflict of interest. Describe the nature of the conflict in the space below.

LOCATION-OF-WORK / HEADQUARTERS IN TIER 3 COUNTRIES

Certify the following statements by marking “X” in the space provided. Please refer to RFP 1.05 for guidelines. By signature on their proposal, the Offeror certifies that:

X	The Offeror and all subcontractors and joint venture partners are not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State’s Trafficking in Persons Report.
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The most recent United States Department of State’s Trafficking in Persons Report can be found at the following website: <http://www.state.gov/g/tip/>. Failure to comply with this requirement will cause the State to reject the proposal as nonresponsive, or cancel the contract.

SUBCONTRACTORS

For each proposed subcontractor, describe the relationship between the Offeror and any proposed subcontractor(s). Add more text boxes as necessary.

Each proposed subcontractor also must submit in a separate attachment a written statement, signed by a duly authorized representative that clearly verifies that the subcontractor is committed to render the services required by the contract.

MetLife can provide a list of its subcontractors utilized at the time the contract is entered into and agree to provide reasonable notice of any additional subcontractors utilized. However, MetLife has individually negotiated contracts with each of its subcontractors and cannot agree to revise these contracts. We note that MetLife is responsible for the acts of its subcontractors.

Subcontractor #1:

Xerox Commercial Solutions, Inc. (XCS)

Xerox Commercial Solutions, a Xerox Company (NYSE: XRX), was originally founded in 1988 and is a premier provider of diversified business process outsourcing (BPO) and information technology outsourcing (ITO) solutions to commercial and government clients worldwide. Based in Dallas, XCS employs 62,000 people supporting client operations reaching 100 countries.

Services provided by XCS include:

Claims Processing

1. Mailroom and document management (receipt of mail, indexing and imaging of documents).
2. Refer x-rays to MetLife Dental Consultant (physical x-rays) and return x-rays to provider upon completion of consultant review
3. Pre-adjudication Initial Claim entry of data from paper claim submission
4. Pre-adjudication calls to providers to obtain additional information to process the claim.
5. Post-adjudication claim edit resolution
6. Evaluate and determine to adjust claims based on requests from providers and/or claimants
7. Data input of claimant eligibility information into MetLife's unified inforce system

Provider Network

1. Receive, image, prepare and follow up for missing information of Preferred Dental Provider network contracts for credentialing
2. Receipt and review of billing or service related complaints submitted by claimants concerning MetLife PDP Providers. Provide response or refer to MetLife PDP Network Team for response.

Sykes Enterprises Incorporated (Sykes)

MetLife uses Sykes Enterprises Incorporated (Sykes) to provide customer service for

dental providers.

Sykes Enterprises (NYSE: SYKE), Incorporated, founded in 1977, is a global leader in providing outsourced customer management solutions and services, with over 17,000 employees. (For more information on Sykes please refer to www.sykes.com.)

Dentistat/IDOA

Credentialing services are provided through our relationship with Dentistat/IDOA, our credentialing partner. Services include credentialing and recredentialing our Preferred Dental Providers (PDP) members by utilizing Dentistat's vast profiling services.

Dentistat has been serving the Dental Insurance community for over 35 years. Originally founded in 1968 as Dental Insurance Consultants (DIC), the company specialized in plan design and professional claim review. In 1981, a new company was spun off, Insurance Dentists of America (IDOA), to provide a reliable means of selecting and monitoring network providers for Preferred Provider Organizations. In 1994, the two companies, DIC and IDOA, were merged into what is now known as Dentistat.

Additional Vendors/Subcontractors

Electronic Clearing Houses

We partner with various electronic clearing houses to ensure we can provide our Provider population choice in submitting claims via Electronic or Paper.

Voice Recording Utilization

In order to provide effective and efficient ways to get information to our claimants and providers fast, we have partnered with a service expert in VRU technology allowing us to service over half of our phone calls received through IVR.

Translation Services

Our Translation Vendors have been selected based on their translation expertise to assist in translating foreign claims.

JOINT VENTURES

If submitting a proposal as a joint venture, the Offeror must submit a copy of the joint venture agreement which identifies the principles involved, prime Offeror, their rights and responsibilities regarding performance and payment, and provide proof of Alaska business license for each principle.

ALASKA BIDDER'S & VETERAN PREFERENCE

Please answer the following questions regarding the State of Alaska preference.

Are you claiming the State of Alaska preferences? (If "Yes", please answer the questions below). (RFP 2.13)		<input type="checkbox"/> YES
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#	Questions	RESPONSE
1	Do you currently hold an Alaska business license?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2	Is the company name submitted on this proposal the same name that appears on the current Alaska Business License?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3	Has your company maintained a place of business within the State of Alaska staffed by the Offeror or an employee of the Offeror for a period of six months immediately preceding the date of the proposal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4	Is your company incorporated or qualified to do business under the laws of the State, is a sole proprietorship and the proprietor is a resident of the State, is a limited liability company organized under AS 10.50 and all members are residents of the State, or is a partnership under former AS 32.05, AS 32.06, or AS 32.11 and all partners are residents of the State? Metropolitan Life Insurance Company (MLIC), a New York domestic stock life insurer, was incorporated on March 24, 1868 and became a direct, wholly-owned subsidiary of MetLife, Inc., a publicly traded Delaware corporation and the ultimate parent of MLIC, on April 7, 2000.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5	If your company a joint venture, is it composed entirely of ventures that qualify under (1-4) of this table?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Do you qualify for the Alaska Veteran Preference?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO